| 2160 8033 | 05456 1 | | | te of Nel | oraska Jator's | Мо | tor | Vel | hicl | e A | ccid | er | nt Re | port | | Shee | _t 1 | of | 3 | |
|---------------------|--|---|--|----------------|-------------------------------|------------|--------------------|-------------|---------------------------|---------------|---------------|------|----------------------|--------------------------|------------------------------|---------------------|--------------------|--------|-------------------|--|
| 2 | Total Number of Vehicles Local No./ District 028 Agency Case B6-00969 | | | | | | | 0000 | | | | 1 | HIT & RUN | INVESTIGA | L | | | | | |
| A/1 | of Vehi | | 028 No. B0-009096 | | | | | | | YES (In Milit | | | | | STATE USE | YES | | NO | 1 | |
| 01 A/2 | DATE OF ACCIDENT | | S M T W TH F S TIME OF ACCIDENT 1600 Amend | | | | | | | | | | mended | | | | | | | |
| | PLACE OF | COUNTY | | Lancaster | | | | | | | ED | 1611 | 02/04/2016 | | | | | | | |
| В | ACCIDENT | CITY | | | | | | | | | | | Y? SNO | LATITUDE | | | | _ | | |
| 25 c | ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N 23rd/ T to U St ONE-WAY STREET? ONE-WAY STREET? | | | | | | | | | | | | | | | | | | | |
| 1 | DISTANCE | | FEET | | N | S E | W OF MIL | EPOST | | HIGHWAY NO. | | | | | LONGITUD | E | | | | |
| D | | | | T INTERSE | | | <i>M</i> | | | T AT IN | | | | | | | | | | |
| 1 | | NAME OF INTERSECTING ROADWAY | | | | | | | .00 | MILES | N S | E | | | Γ, BRIDGE, RAILROAD CROSSING | | | | 1 | |
| V1/M | | | | | | | | | | | | | | | | | | | | |
| 14 V2/M | MILES | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES N S E W AND N S E W OF NEAREST CITY OF TOWN | | | | | | | | | | | | | 1 | | | | | |
| 20 | R. work | R1 | R2 | R3 R4 | S. PEDES | TDIAN | S 1 | S2 | S3 | S4 S5 | -a S5-b | S6-a | a S6-b | DOES ACCIDE | NT INVOL | VE D | AMAGE | ТО | | |
| E | ZONE CODES | 1 | | | | SIFICATION | _ | | 33 34 33-8 33-8 30-8 30-8 | | | | | STATE DEPT. | | S' PRO NO |)PERT | Y? | | |
| 2 | | | | | 3322 | | | VE | HICLE | NO. 1 | | | | ○YE | • 🛕 | - NO | — | | - | |
| F | DRIVER LICENSE | | NO. | G02179 | 371 | | | | | | | | | STATE (Of License) | NE | SE | | FEMALE | 1 | |
| 1 V1/N | DRIVER | | | | | | | | | | PHONE | | | (Of License) | LOCAL NO |). | | MALE | - | |
| 1 | KARLA DRIVER ADDRI | ESS | | | | | , STATE, 2 | ZIP | | | | | | DATE OF | 00/05 | | | | V1/1 | |
| V2/N 1 | 2651 SV | 651 SW 14TH ST, LINCOLN, NE 68522 BERTH (MM / DD / YYYY) 06/05/1969 LOCAL NO. | | | | | | | | | | | | 19 | | | | | | |
| G G | CITY OI | | COLI | N - STAF | RTRAN | CITY | CTATE | 710 | | | | 16 | NTATION | | | | | | V1/2 | |
| 2 | 710 J S | TREE | TREET #662 LINCOLN NE 68509 | | | | | | | | | | | V1/3 | | | | | | |
| Н | LICENSE PLATE | GM | NO. | 24189 | | | | | | | | | YEAR ate Expires) | | | STAT (Of Pla | | NE | | |
| 5 | VEHICLE | | √ E 2001 | I | MAKE Gilig | | MODEL LF | | | BODY ST | YLE (seats | 15+ | color white | Es | TOTALE | AMAGI | 500 | | V1/4 | |
| V1/O 1 | VEHICLE ID | | | 2711110 | | | LI | | | Duo | (ocato | 101 | INSURANC | E COMPANY |) TOTALL | TOTALLE Q 333 | | | | |
| V2/O | NO. (VIN) TOWED TO | 130 | ,002 | 2711110 | 77 1721 | TOWED B | Y | | | | | | POLICY NO | nsured _{).} | | | | | 19 | |
| 1 | | | | | | | | VE | HICLE | NO 2 | | | | | | | | | V1/6 25 | |
| 1 | DRIVER | | NO | | | | | VL | IIICEE | 140. 2 | | | | STATE | | SE | · x | FEMALE | <u> </u> | |
| V1/P | DRIVER | | NO. | | | | | | PHONE | | | | | (Of License) | LOCAL NO. | | | | | |
| 1 | DRIVER ADDRI | ESS | CITY, STATE, ZIP | | | | | | | DA | | | | | OF | | | | V2/1 | |
| V2/P | OWNER | | | | | | | | | | PHONE | | | BIRTH (MM / DD / YYYY | LOCAL NO | | | | V2/2 | |
| 8 J | AUGUS | | ARL | SON | | | | | | | THONE | | | | 10-01 | -196 | 33 | | | |
| 01 | OWNER ADDRI | | Linc | oln, NE | | CITY, | , STATE, Z | ZIP | | | | | CITATION PENDI | NG XNO | CITATION | NO. | | | V2/3 | |
| V1/Q | LICENSE PLATE | PA | NO. | SLD148 | | | | | | | | | YEAR ate Expires) | 2016 | | STAT (Of Pla | Γ E ate) | NE | V2/4 | |
| 4 V2/Q | VEHICLE | YEAR | 20 | 06 | MAKE | _ | MODEL | v | | BODY ST | | an. | COLOR | I | STIMATED D | AMAGE | 1000 |) | V2/5 | |
| 3 | VEHICLE ID | 5NI | INSURANCE COMPANY | | | | | | | | | | 18 | | | | | | | |
| K | NO. (VIN) TOWED TO | JIVI | LU. | 401 401 10 | 303190 | TOWED B | Y | | | | | | POLICY NO | | | | | | V2/6 | |
| 01 | | C | lata | thin on | otion for | - all : | | l 10 0 11 1 | | | | | 7455 | | 1 | 2 | 3 | 4 5 | 25 | |
| | | | | | ection for on report, if n | nore than | | | | | | | | OF BIRTH DD / YYYY) | Seat Position | Eject | Body Region | | SEX | |
| VEH. # NAME ADDRESS | | | | | | | | | | | | | | | | | | | | |
| | LOCAL NO. | OCAL NO. MEDICAL FACILITY NAME | | | | | | | EMS SE | RVICE NA | ME | | | | EMS RUI | I REPO | RT NO. | | | |
| VEH. # | NAME ADDRESS | | | | | | | | | | | | | | | | | | | |
| | LOCAL NO. | | MEDIC | CAL FACILITY N | NAME | | | | EMS SF | RVICE NA | ME | | | | EMS RUI | N REPC | DRT NO | | | |
| | | | | | | | | | | | | | | | | | | | | |
| VEH. # | NAME | | | | AD | DRESS | | | | | | | | | | | | | | |
| | LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RUN REPORT NO. | | | | | | | | | | | | | | | | | | | |

| Indicate North by Arrow THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS INDICATE BY DIAGRAM WHAT HAPPENED AGENCY CASE NO. B6-009698 AGENCY CASE NO. B6-009698 | | | | |
|--|--|--|--|--|
| Indicate North by Arrow | | | | |
| North by Arrow | | | | |
| | | | | |
| | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| | | | | |
| | | | | |
| POI: 27FT south of the | | | | |
| south curb of U St 7 ft west of the east curb of N 23rd | | | | |
| | | | | |
| $m{i}$ | | | | |
| | | | | |
| OBJECT DAMAGED OWNER NAME ADDRESS PHONE | APPROX. COST OF DAMAGE | | | |
| OBJECT DAMAGED OWNER NAME ADDRESS PHONE | APPROX. COST OF DAMAGE | | | |
| NAME ADDRESS PHONE ADDRESS PHO | NE | | | |
| NAME ADDRESS PHON | PHONE | | | |
| VEHICLE MOVEMENT POINT OF IMPACT AND AIRBAG DEPLOYED RESTRAINT USE TOTAL | VEH 6 VEH 0 | | | |
| BEFORE COLLISION MOST DAMAGED AREA VEHICLE 1 VEHICLE 1 OCCUPAN VEHICLE 1 VEHICLE 1 OCCUPAN VEHICLE 1 OCCUPAN | | | | |
| 1 X N 23rd VEHICLE 1 VEHICLE 2 - A TESTING | | | | |
| 2 X N 23rd POINT OF IMPACT 03 POINT OF IMPACT 07 1 Deployed - front 1 None used - vehicle occupant TESTED 1 LEVEL TESTED | N X N X N | | | |
| 1 09 06 Turning left 07 Making U-turn 08 AREA 03 MOST DAMAGED AREA 08 AREA 08 Deployed - side 3 Deployed - both front/side 4 Lap belt only used 4 Lap belt only used 5 Child safety seat used ALCOH | HOL/ Driver Driver No. 1 No. | | | |
| 2 10 08 Entering traffic lane 00 None 02 03 04 | GS 1 5 | | | |
| straight ahead traffic lane 10 Hedgesprings 1 Neither a VEHICLE 2 | alcohol nor drugs suspected ohol suspected | | | |
| 03 Changing lanes 11 Slowing or 04 Overtaking/ stopped in traffic Passing 12 Other 08 07 06 - 3 Yes - dru 4 Yes - alcompany 12 Other 12 Other 13 Other 14 Other 15 Unknown | igs suspected ohol & drugs suspected | | | |
| 05 Turning right 13 Unknown DEFICER NO. TROOP/ TEAM CE Lincoln Police Department ta | hotographs YES | | | |
| 1583 BEAT CE Lincoln Police Department ta | DATE OF 02/04/2016 | | | |

State of Nebraska

216005456 80331

Investigator's Supplemental Truck and Bus Accident Report
This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle
Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

| Sheet 3 of 3 |
|--|
| STATE USE ONLY |
| amended |
| |
| I ICC MC |
| 0,000 Lbs. or Less Requires Haz Mat Placards) 0,001 Lbs. – 26,000 Lbs. ore than 26,000 Lbs. |
| (Check one) |
| us eats 9-15, including driver) us eats 15+, including driver) an/Enclosed Box rain/Chips/Gravel ole argo Tank |
| atbed ump oncrete Mixer uto Transporter arbage/ Refuse ther (Specify) |
| nknown |
| rcity Bus 7 Other Reported |
| |
| I ICC MC |
| 0,000 Lbs. or Less Requires Haz Mat Placards) 0,001 Lbs. – 26,000 Lbs. ore than 26,000 Lbs. |
| ARGO BODY TYPE (Check one) |
| us leats 9-15, including driver) us leats 15+, including driver) an/Enclosed Box rain/Chips/Gravel |
| argo Tank artbed ump oncrete Mixer uto Transporter arbage/ Refuse ther (Specify) |
| nknown |

| LOCAL NO./DISTRICT | | DATE OF ACC | IDENT | COUNTY | | CITY | | | STAT | E USE ONLY | | | |
|--|---------------------|--|--|---------------|--|--|-------------------------------------|--|------------------|---|---------------------|--|--|
| 028 | | | 02/03/2016 Lancaster | | | | Linco | | | | | | |
| AGENCY CASE NO. | | | | Y/ROAD/STREET | | | Amended | | | | | | |
| B6-009698 | | | N 23rd/ T | to U | | | | | | | | | |
| DRIVER (Print or type full nam | 201 | | | | TRUCK / | BUS | | | | | | | |
| KARLA K OPP | ie) | | | | | CARI | RIER TIFICATION | 1 ICC MC | | | | | |
| CARRIER NAME (Print or type | full name) | | | | | | S VEHICLE WEI | 10,000 Lbs | | | | | |
| City of Lincoln | | | | | | | OSS COMBINAT IT RATING (GC) | (Requires Haz Mat Placards) 10,001 Lbs. – 26,000 Lbs. | | | | | |
| CARRIER ADDRESS (Street of | r R.F.D.) | | CITY, STA | TE, ZIP | | (Combii | ned rating for veh | More than | | | | | |
| 710 J St, Lincolr | n, NE 6 | 68508 | | | | | VEHICLE CON (Check | CARGO BODY TYPE (Check one) | | | | | |
| TRAILER Year | | | | | State | 2 □ | Single-Unit True (10,001–26,000 | Bus (seats 9-15, including driver) | | | | | |
| PLATE No |). | | | | | 3 🗵 | Single-Unit True | Bus (seats 15+, including driver) | | | | | |
| COMMERCE CLASSIFICATIO | <u></u> | | K WIDTH | | DRIVER'S LICENSE | │ │₄┌ | (Greater than 2 Truck Tractor (£ | 3 🗆 | Van/Enclosed Box | | | | |
| (Check one) | - | (Widest part of truck or trailer) CLASS CODE | | | | | Truck with Trail | Grain/Chips/Gravel | | | | | |
| 1 Interstate Com | merce | 1 | 6 inches A M M | | | | Tractor with Se Tractor with Do | | _ | Cargo Tank | | | |
| 2 Intrastate Com | | 3 🗵 Othe | | | В⊠ О□ С□ | _ | Tractor with Trip | • | _ | 7 Flatbed 8 Dump | | | |
| 3 Not Applicable | | 104 | | _ | └ □ | _ | Unknown Heav Bus (seats 9-1 | y Iruck 5, including driver) | _ | 9 Concrete Mixer 10 Auto Transporter | | | |
| | HAZARI | DOUS MATE | RIAL INVO | LVED | | - | • ' | +, including driver) | _ | Garbage/ Refuse | | | |
| Did vehicle have a Haz Mat Placard? | Pla | acard Inform | mation: Was hazardous cargo released? (Do not count | | | | Haz Mat Passe Haz Mat Light | - | 12 | Other (Specify) | | | |
| 1 ☐ Yes | | git Hazard Class Number fuel from fuel tank) | | | | | van, mini van, (10,000 Lbs. oi | 13 | Unknown | | | | |
| 2 🗵 No | Placard. 1 Yes | | | | | | | SE | | | | | |
| 1-Digit No. | | | | | 2 X No | | Not a Bus Transit Bus | Intercity Bus 7 Other Not Reported | | | | | |
| | | | | - 2 | | | | | | | | | |
| DRIVER (Print or type full nam | ne) | | | | | CARRIER 1 U.S. DOT 1 ICC MC IDENTIFICATION | | | | | | | |
| CARRIER NAME (Print or type | full name) | | | | | | S VEHICLE WEI | 10,000 Lbs. or Less | | | | | |
| | | | | | | WEIGH | OSS COMBINAT IT RATING (GC) | (Requires Haz Mat Placards) 10,001 Lbs. – 26,000 Lbs. | | | | | |
| CARRIER ADDRESS (Street of | r R.F.D.) | | CITY, STA | TE, ZIP | | (Combi | ned rating for veh | More than 26,000 Lbs. | | | | | |
| | 1 | | | | | | VEHICLE CON (Check | | | CARGO BODY TYPE (Check one) | | | |
| TRAILER LICENSE | | Year | | | State | 2 🗆 | Single-Unit True (10,001–26,000 | | 1 🗆 | | , including driver) | | |
| PLATE No |). | | | | | | Single-Unit True | -Unit Truck ter than 26,000 Lbs. GVWR) | | Bus (seats 15+, including driver) | | | |
| COMMERCE CLASSIFICATIO (Check one) |)N | | (WIDTH of truck or trailer) DRIVER'S LICENSE CLASS CODE | | | _ | Truck Tractor (b) Truck with Trail | bobtail) | 4 🗖 | Van/Enclosed Box Grain/Chips/Gravel | | | |
| 1 Interstate Com | merce | | | | A M | _ | Tractor with Se Tractor with Do | | 6 | Pole Cargo Tank | | | |
| 2 Intrastate Com | merce | 3 Othe | | | в 🔲 💍 🗆 | _ | Tractor with Trip | | | ☐ Flatbed ☐ Dump | | | |
| 3 Not Applicable | | | | _ | c 🗆 | _ | Unknown Heav | ry Truck 5, including driver) | 9 🗖 | Concrete Mixer Auto Transporter Garbage/ Refuse | | | |
| | HAZARI | DOUS MATE | RIAL INVO | LVED | | - | Bus (seats 15+ | | | | | | |
| Did vehicle have a | Pla | acard Inform | ation: | | hazardous cargo | _ | Haz Mat Passe Haz Mat Light | - | _ | Other (Spec | | | |
| Haz Mat Placard? 1 ☐ Yes | 1-Digit Hazard Clas | | Number _{fue} | | ased? (Do not count from fuel tank) | | | pickup, sport utility) | 13 | Unknown | | | |
| 2 No | Placard. | | nonu | | 1 Yes | | | BUS L | I | | | | |
| | 1-Digit | No | | | 2 No | | | | | ntercity Bus Not Reported | 7 Other | | |
| INVESTIGATOR NAME (Print or type) INVESTIGATOR SIGNATURE | | | | | | | DEPARTMENT | | | OFFICER NO. | DATE OF REPORT | | |
| Jorge Dimas | | | Approv | ed b | y Officer Jorge Di | Lincoln Police Department | | | | 1583 02/04/2016 | | | |